



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 87.78

Date 3-20-2006  
CK # 15055

3-16-2006  
9:34 call from Marvin  
\*sending check today

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Clarkston Vineland Cemetery Home Tel: ( ) -  
Mailing Address 1141 Vineland Drive Work Tel: (509) 758 - 8761  
City Clarkston State Washington Zip+4 99403+ FAX: ( ) -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name Mr. Carroll Johnson Home Tel: (509) 243 - 1299  
Mailing Address 17037 Cloverland Work Tel: (509) 751 - 7700  
City Asotin State Washington Zip+4 99402+9726 FAX: ( ) -  
Relationship to applicant President/Chairman of Clarkston Cemetery Association

RECEIVED

MAR 15 2006

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 395.0 (☒ gallons per minute or ☐ cubic feet per second)  
from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of irrigation of  
public cemetery. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)

NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 9,096,547 gals. per yr.

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER		If GROUNDWATER	
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:		A permit is desired for <u>1</u> well(s).	
Number of diversions: _____			
Source flows into (name of body of water):		Size & depth of well(s): <u>8", 400'</u>	

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE	NE	30	11	46 E.	Asotin			

For Ecology Use Date Received: March 15, 2006 Priority Date: 3-15-2006

SEPA Exempt Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_

Date Accepted As Complete May 2, 2006 By Kayeeb Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 35



62-20200

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Vineland Cemetery Association

B. Briefly describe your proposed water system. (See instructions.)

**Irrigation of public cemetery**

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. **G3-30484 Application (35 gpm for the irrigation of 24 acres.)**

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_ (Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☒ YES ☐ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department. **Currently served by Clarkston P.U.D.***

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION

(Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: **43 acres**

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: **43 acres**

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO  
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_

E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. *Go West on highway 12, Turn South on 15<sup>th</sup>, Turn West on Elm, Turn South on Vineland ~~AVE~~ DR., Take the left fork of the Cemetery and you are there.*

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Carroll Johnson President  
Applicant (or authorized representative)

2/28/06  
Date

Carroll Johnson President  
Landowner for place of use (if same as applicant, write "same")

2/28/06  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).